MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07002

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 123 Center St.

3. NAME OF DECEASED: (First) ANNA (Middle) (Last) BRADY
4. DATE OF DEATH: (Month) July (Day) 29, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	9-20-1876	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
retired clerk	Dept. store	Barton, Maryland	USA

13. FATHER'S NAME: Thomas Brady
14. MOTHER'S MAIDEN NAME: Annie Moran

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	214-01-0339	Mrs. Adam Kalbaugh, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
4201 Immediate cause	(a) Coronary Occlusion	2 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension & Chr Myocarditis	2 yrs
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to July 29, 1952, that I last saw the deceased alive on July 28 1952 and that death occurred at 9:25 A.M. from the causes and on the date stated above.

SIGNATURE: W.M.C. Lane (Degree or Title) M.D. — ADDRESS: Frostburg Md — DATE SIGNED: 7-30-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-1-1952	St. Michael's Cemetery	Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-1-52 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR: J. R. Durst, — ADDRESS: Frostburg, Md.

VS. A6

RECEIVED
AUG 4 - 52
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

07003

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 214 Glenn St.

3. NAME OF DECEASED (Type or Print): (First) Austin (Middle) Handley (Last) Bryant

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one): Widowed

8. DATE OF BIRTH: 8-14-1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Produce Co.

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Bryant

14. MOTHER'S MAIDEN NAME: Mary [illegible]?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-07-6854

17. INFORMANT AND ADDRESS: Mrs. Albert Brown Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hepatic Cirrhosis — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 322.1

(b) Malnutrition

(c) Chronic alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN): Cumberland — (COUNTY): Allegany — (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Jul. 20, 52 5:20 PM

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Glenn Ralph Loth (Degree or title): M. D. ADDRESS: Assistant M. E. 202 Virginia Ave. DATE SIGNED: 7/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-23-1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: July 23, 1952

REGISTRAR'S SIGNATURE: Walter R. Stark, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: CUmberland, Md.

RECEIVED
JUL 29 1952
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIDA

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07004

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) about 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Co. Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 404-1/2 N.Center St.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Ann (Last) Butler

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH June 30-1863
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Head
14. MOTHER'S MAIDEN NAME Melinda Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Allegany Co. Infirmary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

900.7

Immediate cause (a) Hypostatic congestion of the lungs — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell in wheel chair down four concrete steps put to bed and developed congestion of the lungs.

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Allegany Co. Infirmary (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 23/52-1Pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Unstrapped wheel chair pushed to exit, fell down 4 steps.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V.Deming MD ADDRESS Cumberland, Md. DATE SIGNED July 28-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30, 1952
NAME OF CEMETERY OR CREMATORY Queen's Point Cem.
LOCATION (City, town, or county) (State) Keyser, W.Va.
DATE REC'D BY LOCAL REG. July 29, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc, ADDRESS Cumberland, Md.

RECEIVED
AUG 5 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07005

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1454

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Cumberland

LENGTH OF STAY (in this place): 27 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland

STREET ADDRESS (If rural give location): 111 Paw Paw Way

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Welch (Last) Clark

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb 18 1925	27 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Cumberland, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Clark	Mary Welch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	William Clark Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) cerebral Palsy, convulsions — Interval Between Onset And Death: years,

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952 to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. M. Schindler	M.D.	41 Greene St.	7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 24 1952	Odd Fellows Cemetery	Elk Garden, W. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24, 1952	Winter K. Kantz, M.D.	William H. Kight,	Cumberland, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1952
BUREAU V. S.

Within corporate limits

Rozman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07006

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,

STREET ADDRESS (If rural, give location) 9 So. Allegany St.,

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) ELLEN (Last) CLAY

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 22, 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Patrick Conway

14. MOTHER'S MAIDEN NAME: Anna Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Mary E. Clay Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443x

Immediate cause (a) Hypertensive arteriosclerotic

DUE TO disease.

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1952, to 7/18, 1952, that I last saw the deceased alive on 7/18, 1952, and that death occurred at P m., from the causes and on the date stated above.

SIGNATURE John Rozman M.D. (DEGREE OR TITLE) ADDRESS Cumberland Md. DATE SIGNED 7/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/21/52

NAME OF CEMETERY OR CREMATORY St. Patricks Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. July 20, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

RECEIVED
JUL 29 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

07607

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): One Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Corriganville
STREET ADDRESS (If rural, give location): Corriganville

3. NAME OF DECEASED (Type or Print): (First) Elza (Middle) Addison (Last) Combs

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 5 1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY: Kelly-Springfield Tire Co.

11. BIRTHPLACE (State or foreign country): Hardy County, West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Angus A. Combs

14. MOTHER'S MAIDEN NAME: Annie Buckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-10-6832

17. INFORMANT AND ADDRESS: Mrs. Gladys Combs, Corriganville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Coronary occlusion due to coronary sclerosis — Interval between onset and death: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME OF INJURY: (Month) July (Day) 15, (Year) 52, (Hour) 1 Am m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Oliver Ralph Roth, M.D. (Degree or title) — ADDRESS: 202 Virginia Ave. — DATE SIGNED: 7/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 18 1952 | NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park | LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE RECD BY LOCAL REG.: July 18, 1952 | REGISTRAR'S SIGNATURE: Hunter R. Doty, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

RECEIVED
JUL 22 1952
BUREAU V. S.

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07008

DR. RICHARD WILLIAMS

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 213 ARCH STREET

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) A. (Last) DAVIS
4. DATE OF DEATH: (Month) JULY (Day) 17, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: MARCH 6, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: A.M. JACK-GROCERY STORE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID J. DAVIS
14. MOTHER'S MAIDEN NAME: MARY ALICE HUTSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Ventricular Failure	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chr. Myocarditis	3 yrs
	DUE TO (c) Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4/52, 19....., to 7/17/52, 19....., that I last saw the deceased alive on 7/17/52, 19....., and that death occurred at 3:35 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Williams MD Cumberland 7/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-19-52
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) Cumberland, (State)

DATE REC'D BY LOCAL REG. July 18, 1952
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR [illegible] F. [illegible]carpelli, Cumberland, ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 22 1952
BUREAU V. S.

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4 07709

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 6/15/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 240 North Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Lee (Last) Dawson

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 24 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): West Virginia (Mineral)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Gulick

14. MOTHER'S MAIDEN NAME: Ellen Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Hypostasis — INTERVAL BETWEEN ONSET AND DEATH 3 days

DUE TO

Antecedent cause(s) 422.1 (b) Chronic Myocarditis — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Gen. Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 2 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to July 6, 1952, that I last saw the deceased alive on July 5th, 1952, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James G. McLean M.D. 49 Green St. 7-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF July 9 52 NAME OF CEMETERY OR CREMATORY Indian Ground Cem LOCATION (City, town, or county) Romney W. Va (State)

DATE REC'D BY LOCAL REG. July 9, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. 24 FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3 8-51

1

T

RECEIVED
JUL 15 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07810

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie — LENGTH OF STAY (in this place) 2½ months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Melvin (Last) De Vore				4. DATE OF DEATH (Month) JUly (Day) 21, (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH May 2, 1952	9. AGE last birthday 2½ months yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cumberland, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Vernon J. De Vore			14. MOTHER'S MAIDEN NAME Irma Bowman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Vernon J De Vore, Ellerslie, Md.		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Asphyxiation due to aspiration of stomach contents.	1 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Ellerslie (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) Jul. (Day) 21, (Year) 52 (Hour) 6 AM	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Oliver Ralph Roth	M. D.		
[illegible] Assistant M. E.		202 Va. Ave.	7/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 2, 52	NAME OF CEMETERY OR CREMATORY Porter Cemetery	LOCATION (City, town, or county) Hyndman, Pa. (State) RD 1
DATE REC'D BY LOCAL REG. July 22 1952	REGISTRAR'S SIGNATURE J. Lloyd Wolfe	24. FUNERAL DIRECTOR Harvey H. Teigler	ADDRESS Hyndman, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 19[illegible]
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07911

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Windsor Hotel, 154 Balto. St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Blaine (Last) Durbin

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: Jan 18, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Representative

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Canton Ohio

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No —

16. SOCIAL SECURITY NO.: 220-10-0579

17. INFORMANT & ADDRESS: John F. Mullaney — Windsor Hotel Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X Immediate cause (a) Pneumonia, lobar — DUE TO — Interval between onset and death: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardiovascular disease — DUE TO — 5 years

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1952, to 7/20, 1952, that I last saw the deceased alive on 7/20, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George M. Larson M.D. Cumberland Md — 7/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 22 52 — NAME OF CEMETERY OR CREMATORY St Patricks Cem — LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. July 22, 1952 — REGISTRAR'S SIGNATURE Walter L. Mauz, M.D. — **24. FUNERAL DIRECTOR,** Louis Stein Inc — ADDRESS Cumberland Md

RECEIVED
JUL 29 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

37212

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland — LENGTH OF STAY (in this place) 65yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Burns (Last) Eagan

4. DATE OF DEATH: (Month) July, (Day) 16 (Year) 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov, 19 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Midland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Garrett Burns

14. MOTHER'S MAIDEN NAME: Esther Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John Eagan (Son) Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — Instantaneous

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion type unsure — "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 19 52, to ....., 19....., that I last saw the deceased alive on 6/4, 19 52, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Harrat MD — ADDRESS 59 E. Main St Frostburg Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July, 19. 1952 — NAME OF CEMETERY OR CREMATORY: St. Micheal Cemetery — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. July 19. 1952 — REGISTRAR'S SIGNATURE Jennette M Boal

24. FUNERAL DIRECTOR: M. Eichhorn — ADDRESS: Lonaconing, Md.

VS-115

RECEIVED
31 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

67613

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. — LENGTH OF STAY (in this place) 35 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Arch Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.

STREET ADDRESS (If rural, give location) 100 Arch Street

3. NAME OF DECEASED: (First) William (Middle) Victor (Last) Fairall, Sr.

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 12, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Fairall

14. MOTHER'S MAIDEN NAME: Mary Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY NO.: 705-10-0726

17. INFORMANT & ADDRESS: Miss Mary Fairall, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	8 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Arteria Sclerotic C.V.D.	5 yrs
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Cumberland (COUNTY) Allg. (STATE) Md.

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2/51, 19....., to 7/2/52, 19....., that I last saw the deceased alive on 7/2/52, 19....., and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. Cumberland, Md. 7/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-5-52

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. July 3, 1952

REGISTRAR'S SIGNATURE Walter R. Mantz, M.D.

24. FUNERAL DIRECTOR [illegible] Scarpelli, Cumberland, Md. ADDRESS

RECEIVED
JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07614

CERTIFICATE OF DEATH

Reg. Dist. No. 10

M

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Savage
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calla Hill

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Savage
STREET ADDRESS (If rural give location) Calla Hill

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) CAROLL (Last) FARRELL

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-5-1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Connellsville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Caroll
14. MOTHER'S MAIDEN NAME: Anna Cleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Mary Clancey, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Embolism — Interval Between Onset And Death: 5 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension Heart disease — 3 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 28, 1952, that I last saw the deceased alive on July 20, 1952 and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Cumberland Md DATE SIGNED July 30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-31-1952
NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery
LOCATION (City, town, or county) Mt. Savage, Md. (State)
DATE REC'D BY LOCAL REGISTRAR July 30/52
REGISTRAR'S SIGNATURE Veronica McDermott
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

REC
AUG 4 1952
BUREAU V. S.

Within corporate limits

07015

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md. — LENGTH OF STAY (In this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 E. Forth St.	STREET ADDRESS (If rural, give location) 206 E. Forth St.

3. NAME OF DECEASED (Type or Print)	(First) Jane	(Middle) Louise	(Last) Forbeck	4. DATE OF DEATH	(Month) 7-13-52	(Day)	(Year) 19
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-14-52	9. AGE last birthday yrs.	If under 1 year Months 3	Days 2	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cumberland, Md.	12. CITIZEN OF WHAT COUNTRY Cdn				
13. FATHER'S NAME Earl J. Forbeck	14. MOTHER'S MAIDEN NAME Shirley Jean Fuller						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Earl J. Forbeck 206 E. Forth St					

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
921.0 Immediate cause	(a) [illegible] ration stomach contents.	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN) Cumberland	(COUNTY) Allegany	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐ suicide ☐, homicide , undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Oliver Ralph Roth, MD	D.	202 Virginia Ave. Cumberland, Md.	7-[illegible]-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-13-52	NAME OF CEMETERY OR CREMATORY St Mary's Cem	LOCATION (City, town, or county) Cumberland, Md. (State)
DATE REC'D BY LOCAL REG. July 18, 1952	REGISTRAR'S SIGNATURE Winter L. Frantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md	ADDRESS

2042262407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 22 1952
BUREAU V. S.

DR. ~~DURRETT~~ Eliason

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

87016

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, rural
STREET ADDRESS (If rural, give location) ROUTE #4

3. NAME OF DECEASED: (Type or Print) (First) CAROLE (Middle) FRANCES (Last) FUNKHOUSER

4. DATE OF DEATH: (Month) JULY (Day) 9 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: DECEMBER 25, 1942
9. AGE last birthday: ~~10~~ 9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ZIRKLE FUNKHOUSER
14. MOTHER'S MAIDEN NAME: FRANCELIA DELAWDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Meningitis	1 week
010X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Miliary Tuberculosis	6 mos.
	DUE TO (c) Active Gloss Lesion R Lung	1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30-52, 19..., to 7-8, 1952, that I last saw the deceased alive on 7-8, 1952, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
V. W. Eliason Mrs. 126 Union St Cumberland Md 7/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-11-52
NAME OF CEMETERY OR CREMATORY Mt. Tabor Cem.
LOCATION (City, town, or county) (State) Near Cumberland, Md

DATE REC'D BY LOCAL REG. July 10, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James T. Scarpelli Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 15 1952
BUREAU V. S.

Within corporate limits

07017

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 1 yr. 9 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Infirmary County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 113 W. Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Mary	Hamill	July	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widow	May 31-1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Allegany Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gerlock	Mary Offman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	daughter) Mrs Clarence Rephann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shock & Coronary embolism also had	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis with aortic regurgation	several yrs.
	(c) Cerebral arteriosclerosis-fractured right arm.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility & senile psychosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 4-1952	X-Ray-cast applied.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Sylvan Retreat	Cumberland	Allegany	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July 4/52-7 A.m.		Fell to the floor and fractured her right arm.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	July 10-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 12 1952	Frostburg Memorial Park,	Frostburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 12, 1952	Winter K. Hartz, M.D.	J. K. Hurst	" "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 15 1952
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07.13

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place) 6/2/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 653 Green Street

3. NAME OF DECEASED: (First) Emma (Middle) Burnadette (Last) Hammersmith

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/15/1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 30 yrs. Laundering

10b. KIND OF BUSINESS OR INDUSTRY: Crystal Laundry

11. BIRTHPLACE (State or foreign country): Maryland(Alleg. Co.)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Wolfgang

14. MOTHER'S MAIDEN NAME: Catherine Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage -	4 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) aortic Regurgitation	?
	DUE TO (c) General arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rt. Hemiplegia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952 to July 7, 1952 that I last saw the deceased alive on July 7, 1952 and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lewis E. McLean M.D. 49 Greene St. 7/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 10 1952 — NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. July 9, 1952 — REGISTRAR'S SIGNATURE Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR W. Wayne Lange — ADDRESS Cumberland, Md.

RECEIVED
JUL 15 1952
BUREAU U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07019

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (In this place) 7/18/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowling Green (Cumberland) Rural
STREET ADDRESS (If rural give location) R.D.#6

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Hammon

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 22, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Track Walker Laborer

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Hammon

14. MOTHER'S MAIDEN NAME: Eva Beckett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
421.1 Immediate cause	(a) DUE TO	Coronary Thrombosis	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Chronic Myocarditis	?
	(c)	General Arteriosclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to July 20, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 6.45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED 7-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-1-1952

NAME OF CEMETERY OR CREMATORY St. Lukes Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 1, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

AUG 5 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07020

CERTIFICATE OF DEATH

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Flintstone
LENGTH OF STAY (in this place): 87 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural Flintstone

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Flintstone
STREET ADDRESS (If rural, give location): Rural Flintstone

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Matilda (Last) Hartsock

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 2 1865

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Flintstone, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hillery Willison

14. MOTHER'S MAIDEN NAME: Amanda Hendrickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Charles A. Hartsock Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized arteriosclerosis — Unknown

DUE TO

(c)

4510

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 19 52, to July 19, 19 52, that I last saw the deceased alive on June 25, 19 52 and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Oliver Ralph Roth, M D — ADDRESS 202 Va. Ave, Cumb. Md — DATE SIGNED 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 22 1952 — NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery — LOCATION (City, town, or county) Flintstone, (State) Md.

DATE REC'D BY LOCAL REG. July 21, 52 — REGISTRAR'S SIGNATURE Alice L. Bender

24. FUNERAL DIRECTOR William H. Kight, — ADDRESS Cumberland, Maryland.

RECEIVED
JUL 25 1
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(17121)

DR. TOPPER

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 9 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE PENNA. COUNTY Bedford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MANNS CHOICE

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) L. (Last) HAUSMAN

4. DATE OF DEATH: (Month) JULY (Day) 17, (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 30,

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Hostler, B&O. R.R. Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ERNEST HAUSMAN

14. MOTHER'S MAIDEN NAME: ELIZABETH SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705 12 0383

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Glomerulo Nephritis	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Prostatitis - Cystitis	5 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 19 52, to July 17, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE John A Topper (DEGREE OR TITLE) MD ADDRESS Hyndman Pa DATE SIGNED 7.18.52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 21, 1952

NAME OF CEMETERY OR CREMATORY Dry Ridge Cemetery

LOCATION (City, town, or county) (State) Manns Choice, RD 1 Pa

DATE REC'D BY LOCAL REG. July 19, 1952

REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR Harvey K. Zeigler ADDRESS Hyndman, Pa.

VS-A15 8-51

RECEIVED
JUL 22 1952
BUREAU W. S.

Within corporate limits

07022

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND

LENGTH OF STAY (in this place) 7 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE PENNA. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural HOPEWELL

STREET ADDRESS (If rural, give location) ROUTE #2

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) E. (Last) HELFER

4. DATE OF DEATH: (Month) JULY (Day) 8 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 16 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JABUS LOWE

14. MOTHER'S MAIDEN NAME: ANNA MARY CYPHERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

576X

Antecedent cause(s) (b) Subdiaphragmatic Abscess — 3 wks.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 8, 1952 that I last saw the deceased alive on July 8, 1952, and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE Clay J. Durrett (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 7/8/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF 7/11/52 NAME OF CEMETERY OR CREMATORY Hopewell Cemetery LOCATION (City, town, or county) Hopewell Twp., Bed Co. (State) Pa

DATE REC'D BY LOCAL REG. July 11, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Joseph W. Stewart, ADDRESS Everett, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 15 1952
BUREAU V. S.

Within corporate limits

07023

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

DR. HODGES

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest TOWN) CUMBERLAND

LENGTH OF STAY (in this place) 65 MIN.

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE PA. COUNTY BEDFORD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYNDMAN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) HOLLER

4. DATE OF DEATH: (Month) JULY (Day) 4, (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY 4, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 1, Min. 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. ~~KIND OF BUSINESS~~ OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EARL E. HOLLER

14. MOTHER'S MAIDEN NAME: BETTY COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 776X — (a) Prematurity — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4, 1952 to 7-4, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 1:35 A.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. Raye Hodges, M.D. ADDRESS Cumberland, Md. DATE SIGNED 7-5-52

23. BURIAL, CREMATION / REMOVAL (Specify): CREMATION — DATE THEREOF 7/5/52 — NAME OF CEMETERY OR CREMATORY MEMORIAL HOSPITAL — LOCATION (City, town, or county) (State) CUMBERLAND, ALLEGANY, MARYLAND

DATE REC'D BY LOCAL REG. July 5, 1952 — REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR Memorial Hosp, Cumberland, Md. — ADDRESS

2072.32 3240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUL 8 1952
BUREAU V. S.

Within corporate limits DR. WHITWORTH

07024

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 30 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 624½ Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) BABY BOY (Middle) (Last) ISNER

4. DATE OF DEATH: (Month) (Day) (Year) JULY 15, 1952 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY, 14, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours 30 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: CHARLES ISNER

14. MOTHER'S MAIDEN NAME: HELEN KILLANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

7 H 4

Immediate cause (a) Congenital Heart
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:54P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Fuller B. Whitworth MD 123 Bedford St. Cumb. Md 17 July

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF July 17, 1952 NAME OF CEMETERY OR CREMATORY Sts. Peter and Paul LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. July 17, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. 24. FUNERAL DIRECTOR, ADDRESS Louis Stern, Inc. Cumberland, Md.

2072 - 2406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 22 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07 25

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cumberland

LENGTH OF STAY (in this place) 45

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 11 Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) May (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 3, 1896

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Servant Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Residence

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H Johnson

14. MOTHER'S MAIDEN NAME: Mary C Rummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-30-0471

17. INFORMANT & ADDRESS: Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Hemorrhage of the brain — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 5 yrs - ca

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1952, to July 26, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Emmitt E. Wiseman MD — ADDRESS 54 Greene St Cumberland — DATE SIGNED 7/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 29 1952 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. July 28, 1952 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein, Inc. — ADDRESS Cumberland Md

RECEIVED
AUG 5 1952
BUREAU V

Dr J H Walmerton Sr.

07126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport — LENGTH OF STAY (In this place): 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 400 Spruce St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): 400 Spruce St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catharine Jonosha

4. DATE OF DEATH (Month) (Day) (Year): July 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan 3, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Bern, Switzerland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Neiffeneggar
14. MOTHER'S MAIDEN NAME: Anna M Walchli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Helena Hayes, Westernport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Renal Disease — 2 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Diabetes Mellitus — 3 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1954, to July 4, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Greenwood Ave — DATE SIGNED: 7/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9 July 52 — NAME OF CEMETERY OR CREMATORY: Philos Cemetery — LOCATION (City, town, or county) (State): Westernport Md.

DATE REC'D BY LOCAL REG.: July 7, 1952 — REGISTRAR'S SIGNATURE: Mrs Jan C. Kelly

24. FUNERAL DIRECTOR: E. S. Boal — ADDRESS: Westernport, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 9
BUREAU V. S.

07127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible] 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Romney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Robert (Middle) Lee (Last) Keister

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 11, 1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm — General Farmer

11. BIRTHPLACE (State or foreign country): Strasburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah Keister

14. MOTHER'S MAIDEN NAME: Anna Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Gilbert Keister - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolus	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Auricular Fibrillation	3 yrs ?
	(c) DUE TO Myocardial disease & Arteriosclerosis	??

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease — ??

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1952 to 7/27, 1952, that I last saw the deceased alive on 7/27, 1952 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Laura Jurbaugh M.D. 50 Penley St. Cumberland Md 7/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 30, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Lion Meth. Cem. — LOCATION (City, town, or county): Near Augusta (State): W. Va.

DATE REC'D BY LOCAL REG.: July 29, 1952 — REGISTRAR'S SIGNATURE: Winter R. Mauk, M.D.

24. FUNERAL DIRECTOR: J.J. Hafer - Cumberland, Md. — ADDRESS

RECEIVED
AUG 5 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07.28

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Allegahy — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2/10/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 815 Shawnee Avenue
STREET ADDRESS (If rural give location) Cumberland

3 NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) C. (Last) Kelly

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	April 4, 1878	74 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Ireland	U.S.A.

13. FATHER'S NAME: John Loughney

14. MOTHER'S MAIDEN NAME: Catherine Murphy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Thrombosis.	20 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis.	?
	DUE TO (c) Gen. Arteriosclerosis.	?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to July 18, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 7.05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Kan M.D. — ADDRESS 49 Greene St. — DATE SIGNED July 18 1952.

23 BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-21-52	St. Michaels Cem	Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR July 21, 1952 — REGISTRAR'S SIGNATURE Winter R. Stark, M.D. — 24. FUNERAL DIRECTOR James F. Scarselli — ADDRESS Cumberland, Md.

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(7129)

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
MARYLAND
LENGTH OF STAY (In this place) 81 yrs
HOSPITAL OR INSTITUTION, OR STREET ADDRESS 717 Carroll St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STREET Same COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 717 Carroll St.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Reff (Last) Landis

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 17, 1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W Reff

14. MOTHER'S MAIDEN NAME: Caroline Suter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Clara B Little, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial failure	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Cardio vascular disease	8 yrs
260X	DUE TO (c)	Diabetes	15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1946, to July 3, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 12.55 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Arthur F. Jones M.D. 110 S. Centre St. 7-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 5 52

NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. July 5, 1952

REGISTRAR'S SIGNATURE Walter R. Dantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Sons

ADDRESS 11 11

RECEIVED
JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67-30

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 Emily Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 224 Emily Street

3. NAME OF DECEASED: (Type or Print) (First) Osa (Middle) Colbert (Last) Lawrence

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 4, 1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Saw mill worker

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Lawrence

14. MOTHER'S MAIDEN NAME: Savannah Sirbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-729

17. INFORMANT & ADDRESS: Mrs. Osa C. Lawrence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronaria sclerosis — 1 year

DUE TO

(c)

1948

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 52, to July 6, 19 52, that I last saw the deceased alive on July 5, 19 52 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George M Byron M.D Cumberland Md — 7/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 9, 1952 — NAME OF CEMETERY OR CREMATORY Hillcrest Bur. Park — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. July 9, 1952 — REGISTRAR'S SIGNATURE Walter K Tantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS John J. Hafer, 230 Baltimore Ave. Cumberland, Maryland

RECEIVED
JUL 15 19..
BUREAU W. S.

White Corporate Realty

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07631

CERTIFICATE OF DEATH

1454

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W. Va. — Mineral COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route 2, Keyser, W. Va.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Lease

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 23, 1952

9. AGE last birthday: ✓ yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 3 — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberlan., Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Baker B. Lease

14. MOTHER'S MAIDEN NAME: Dorothy Simpson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Baker B. Lease, Rt. 2, Keyser, W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

7764

Immediate cause (a) Prematurity — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 7/23, 1952, that I last saw the deceased alive on 7/23, 1952, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE: Leo N. Levy Jr. (Degree or title) M.D. — ADDRESS: 456 N. Centre St. — DATE SIGNED: 7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 24, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) ineral Co. (State) W. Va. — ADDRESS

DATE REC'D BY LOCAL REGISTRAR: July 24, 1952 — REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md.

VS. 415

20723 7X230

RECEIVED
1952
BUREAU V. S.

07032

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Flintstone) GreenRidge Mt.	LENGTH OF STAY (In this place): 16 yrs
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Flintstone (Green Ridge Mt.)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS: c/o Shipway Inn Long Point Gun Club.	STREET ADDRESS (If rural, give location): c/o Shipway Inn Long Point Gun Club.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Isaish	Henry	Lee	July-about 22 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	divorced	May-27-1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker for the Long Point Gun Club.		Pittsylvania, Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marcellus Lee	Ann Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	213-22-4384	Cards in pocket & Welfare Board.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute cadriac failure due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis	several years.
(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	July 29-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 30, 1952	Allegany County Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30, 1952	Thos L. Bender	William H. Kight, Cumberland, Md.	

RECEIVED
MAY 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Clement Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 16 Clement Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Lloyd

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Ice

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 5, 1850

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Moorefield, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Lloyd

14. MOTHER'S MAIDEN NAME: Annie Rummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Ida Dorsey, Wiley Ford, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 hr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Sclerosis	5 yrs.
DUE TO		
	(c) Generalized Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/13/47, 19....., to 7/14/52, 19....., that I last saw the deceased alive on 7/12/52, 19....., and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE R. J. Williams (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 7/15/52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF July 17, 1952

NAME OF CEMETERY OR CREMATORY Abe Cemetery

LOCATION (City, town, or county) Near Wiley Ford, W. Va. (State)

DATE REC'D BY LOCAL REG. July 15, 1952

REGISTRAR'S SIGNATURE Winter R. Dantz, M.D.

24. FUNERAL DIRECTOR James F. [illegible], Cumberland, Md. ADDRESS

49.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 22 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 37034

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 27 WASHINGTON STREET

3. NAME OF DECEASED: (Type or Print) (First) TASKER (Middle) G. (Last) LOWNDES
4. DATE OF DEATH: (Month) JULY (Day) 10 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JULY 30, 1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chairman Bd. Directors
10b. KIND OF BUSINESS OR INDUSTRY: 2nd Nat. Bank
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LLOYD LOWNDES
14. MOTHER'S MAIDEN NAME: ELIZABETH TASKER LOWNDES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-4855
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis with Decompensation — INTERVAL BETWEEN ONSET AND DEATH 8 months
DUE TO
422.2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1951, to July 10, 1951, that I last saw the deceased alive on July 9, 1952 and that death occurred at 9:35 A.m. from the causes and on the date stated above.

SIGNATURE J. T. Johnson (DEGREE OR TITLE) ADDRESS M. D. Cumberland, Md DATE SIGNED 7-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/12/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. July 12, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 15 1952
BUREAU V.

T035

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

DR. R. WILLIAMS

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREENSPRING
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) TONY (Middle) B. (Last) LYONS

4. DATE OF DEATH: (Month) JULY (Day) 27, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 23, 1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 7 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POSTMASTER

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVERMENT

11. BIRTHPLACE (State or foreign country): PAW PAW, W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL B. LYONS

14. MOTHER'S MAIDEN NAME: CARRIE D. PARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 232 10 8732

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

42.1

Immediate cause (a) Coronary Thrombosis — 24 hrs

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — 10 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23/52, 19..., to 7/27/52, 19..., that I last saw the deceased alive on 7/24/52, 19..., and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE: R. Williams (DEGREE OR TITLE) MD ADDRESS Cumberland DATE SIGNED 7/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 30, 1952

NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery

LOCATION (City, town, or county) (State): Paw Paw, W. Va.

DATE REC'D BY LOCAL REG.: July 27, 1952

REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: W. D. Parks, Berkeley Springs, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 5 1952
BUREAU W. S.

Dr. Dick Ross

Within corporate limits

7.36

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place): 4 wks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 Columbia St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Flintstone

STREET ADDRESS (If rural, give location) Rural Rt. Flintstone

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) ~~Jane~~ Jemimah (Last) Mallow

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 26 1871

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Jordans Run, Grant Co., Wva

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Advon Stonestreet

14. MOTHER'S MAIDEN NAME: Rhevhama Heavner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) —

None

17. INFORMANT & ADDRESS: Elmer Mallow, Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4.22.52

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Myocardial Failure — 24 hrs

DUE TO

(c) Old Age

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/20/51, 19..... to 7/2/52, 19....., that I last saw the deceased alive on 7/2/52, 19....., and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. Wareham Kuhl Cumberland 7/5/52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF July 5, 1952

NAME OF CEMETERY OR CREMATORY Glendale Brethren Cem

LOCATION (City, town, or county) Flintstone, Md. (State)

DATE REC'D BY LOCAL REG. July 5, 1952

REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS John D. Hofer, Cumberland, Md.

M

1

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1952
BUREAU V. S.

Within [illegible] limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 37

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital	STREET ADDRESS (If rural, give location) 806 Elmwood Lane

3. NAME OF DECEASED: (Type or Print) (First) Everett (Middle) L (Last) Marean

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/22/1904

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: City of Cumberland

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert E Marean

14. MOTHER'S MAIDEN NAME: Catherine Rank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Brain abscess

DUE TO

Antecedent cause(s) (b) Chronic myocarditis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1952, to 7/24, 1952, that I last saw the deceased alive on 7/24, 1952, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE John N Rosman (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED 7/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7/27/52 — NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery — LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. July 26, 1952 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein, Inc. — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 1 0 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. VAN ORMER

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 3½ HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROMNEY, W.VA.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) N. (Last) MARTIN

4. DATE OF DEATH: (Month) JULY (Day) 25, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 21, 1919
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: GILBERT-REYNOLDS CONTRACTORS
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LUTHER G. MARTIN
14. MOTHER'S MAIDEN NAME: MARY SHANNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 2 4/10/42 1/24/46
16. SOCIAL SECURITY NO.: 232-26-2629
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage, probably due to ruptured congenital aneurysm

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 48 hours

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:30 P.M. 19..., to 25 July 52, 19..., that I last saw the deceased alive on 24 July, 1952 and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 25 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 27 1952
NAME OF CEMETERY OR CREMATORY Hill Cemetery
LOCATION (City, town, or county) (State) Springfield, W. Va.

DATE REC'D BY LOCAL REG. July 26, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John F. Henderson, Springfield, W. Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W. Va. COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeley
STREET ADDRESS (If rural, give location): 10 Third Ave.,

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) STANLEY (Last) McCULLOUGH

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 3, 1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: B.& O. Railway

11. BIRTHPLACE (State or foreign country): Warfordsburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas McCullough

14. MOTHER'S MAIDEN NAME: Elizabeth Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-07-9512

17. INFORMANT & ADDRESS: 10 Third St., Mrs. Agnes McCullough/Ridgeley, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia bilateral lobar	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Bronchial asthma DUE TO	3 weeks
	(c) Myocardial insufficiency DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to July 14, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George M Vernon MD ADDRESS Cumberland, Md DATE SIGNED 7/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/16/52

NAME OF CEMETERY OR CREMATORY: St. Marys' Burial Park

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: July 15, 1952

REGISTRAR'S SIGNATURE: Winter R. Sharp, M.D.

24. FUNERAL DIRECTOR: H. Wayne George ADDRESS: Cumberland, Md.

RECEIVED
JUL 16 1952
BUREAU K. S.

DR. HODGES

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07040

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CUMBERLAND

LENGTH OF STAY (in this place) 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAN D

STREET ADDRESS (If rural, give location) 421 GRAND AVENUE

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) MOORE

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: 7/10/52

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: JOHN ~~[illegible]~~ Floyd MOORE

14. MOTHER'S MAIDEN NAME: MARY K. LAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7543

Immediate cause (a) Patent foramen ovale — INTERVAL BETWEEN ONSET AND DEATH 2 days

DUE TO —

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO —

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ✓ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1952, to 7-12, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 8:30 A. m. from the causes and on the date stated above.

SIGNATURE W Royce Hodges (DEGREE OR TITLE) M.D. ADDRESS Cumberland, Md. DATE SIGNED 7-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-13-52

NAME OF CEMETERY OR CREMATORY Fort Ashby Cem.

LOCATION (City, town, or county) Fort Ashby (State) W. VA.

DATE REC'D BY LOCAL REG. July 12, 1952

REGISTRAR'S SIGNATURE Winter K. Frantz M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md

2072282404

RECEIVED
JUL 15 1952
BUREAU U. S.

Within corporate limits

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07-41

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA COUNTY Bedford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYNDMAN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Paul (Last) MOORE

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: JULY 17, 1952
9. AGE last birthday: ✓ 2 DAYS yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM P. MOORE
14. MOTHER'S MAIDEN NAME: HELEN J. BOWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: William P. Moore, Hyndman, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Prematurity

7625

Immediate cause (a) DUE TO Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ✓ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE W. Roye Hodges (DEGREE OR TITLE) M.D. ADDRESS Cumberland, Md. DATE SIGNED 7/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 20, 1952
NAME OF CEMETERY OR CREMATORY Hyndman Cemetery
LOCATION (City, town, or county) Hyndman, Pa (State)

DATE REC'D BY LOCAL REG. July 20, 1952
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Harvey H. Zeigler ADDRESS Hyndman, Pa

20722 1343

VS. AG. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Spring St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 76 Spring St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) MORGAN
4. DATE OF DEATH: (Month) July (Day) 19, (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 4-16-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: retired miner
10b. KIND OF BUSINESS OR INDUSTRY: coal mines
11. BIRTHPLACE (State or foreign country): Richmond, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Morgan
14. MOTHER'S MAIDEN NAME: Elizabeth Morgan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-07-039
17. INFORMANT & ADDRESS: Mrs. John Hughes, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio Sclerosis DUE TO
(c)

Interval Between Onset And Death: 2 Days ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1952, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 8:10 P.M. from the causes and on the date stated above.

SIGNATURE W O McLane (Degree or title) MD ADDRESS Frostburg Md DATE SIGNED July 21 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-22-52
NAME OF CEMETERY OR CREMATORY Frbg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.
DATE REC'D BY LOCAL REGISTRAR 7-23-52
REGISTRAR'S SIGNATURE Nancy Poe
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7143

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Moscow
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D #1 Barton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Moscow
STREET ADDRESS (If rural, give location): R.F.D. #1 Barton, Md.

3. NAME OF DECEASED (Type or Print): (First) Montzuna (Middle) (Last) Myers
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: March 21-1863
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired-farmer & miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Md. (rural)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Myers
14. MOTHER'S MAIDEN NAME: Catherine Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Eliza Green (daughter) D.F.D #1 Barton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — Interval between onset and death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland, Md. July 6-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 9, 52
NAME OF CEMETERY OR CREMATORY: St. Paul Methodist Cemetery
LOCATION (City, town, or county) (State): Moscow Maryland

DATE REC'D BY LOCAL REG.: July 9, 1952
REGISTRAR'S SIGNATURE: Mrs Jean C. Kibby
24. FUNERAL DIRECTOR: E. S. Boac
ADDRESS: Westernport, Md.

RECEIVED
JUL 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 297 Welsh Hill

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) JOHN (Last) NEILSON, JR.

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-1898

9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Vice-Pres. Supply Co.

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Neilson

14. MOTHER'S MAIDEN NAME: Rachel Ware

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-09-6430

17. INFORMANT & ADDRESS: Mrs. Pearl Neilson, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

I70.0

Immediate cause (a) Ruptured Gastric & Duodenal Ulcer — 5 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 7/26/52

19b. MAJOR FINDINGS OF OPERATION: Free fluid and partly digested food (corn)!!

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. NONE

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1952, to 7/26, 1952, that I last saw the deceased alive on 7/26, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: 48 Broadway - Frostburg, Md.

DATE SIGNED: 7/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-29-52

NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-29-52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. R. Durst

ADDRESS: Frostburg, Md.

VS. 15 T

RECEIVED
JUL 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18/ 67645

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt. 2, Frostburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HAZEL (Middle) (HAMILTON) (Last) ORT

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 2, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Hamilton
14. MOTHER'S MAIDEN NAME: Sarah Stevens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Thos. O'Sullivan, Brattleboro, Vt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 X

Immediate cause (a) Left Ventricular Heart Failure — Interval Between Onset And Death 72 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Rheumatic Myocarditis — YEARS
DUE TO (c) " Mitral Regurgitation

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulonephritis — YEARS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952, to 7/2, 1952, that I last saw the deceased alive on 7/2, 1952, and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE Martin Wolstein (Degree or title) M.D. ADDRESS 48 Broadway - Frostburg, Md. DATE SIGNED 7/3/52

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF 7-5-1952
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) Frostburg, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 7-5-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 8 1952
BUREAU V. S.

Within corporate limits

07046

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
LENGTH OF STAY (in this place) 18hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Short Gap, W.Va.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) A (Last) Puffinberger

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 52 19

5. SEX: F

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 27, 1912

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House life

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lost City W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Myrtle [redacted] Rinker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Myrtle Siebel Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	20 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Myocarditis	1 yr
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952 to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE Clay R. Dunrow (DEGREE OR TITLE) M.D. ADDRESS Cumberland. DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-2-52

NAME OF CEMETERY OR CREMATORY United Brethren Cem

LOCATION (City, town, or county) (State) Knobbly Rd. Short Gap W.Va.

DATE REC'D BY LOCAL REG. Aug. 1, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
AUG 5 1952
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]47

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 214 Utah Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) [illegible] (Last) Pukalla

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 3 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Pukalla Sr.

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Gangrene left leg — Interval between onset and death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) Diabetes Mellitus — 2 yrs.?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-24-52

19b. MAJOR FINDINGS OF OPERATION: Gangrenous left leg

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-52, 19..., to 7-26-52, 19..., that I last saw the deceased alive on 7-25-52, 19..., and that death occurred at 5½ A.M., from the causes and on the date stated above.

SIGNATURE C. E. Zimmerman (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED 7-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7/28/52 — NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery — LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. July 28, 1952 — REGISTRAR'S SIGNATURE Minter K. Frantz, M.D. — **24. FUNERAL DIRECTOR** Louis Stein Inc. — ADDRESS Cumberland, Md

STEIN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 5 1952
BUREAU W

07048

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cresaptown
LENGTH OF STAY (in this place) 74 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5, Cresaptown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cresaptown
STREET ADDRESS Route 5, Cumberland

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Shoupe (Last) Rawlings

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept 21 1877

9. AGE last birthday 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk

10b. KIND OF BUSINESS OR INDUSTRY Celense Corp

11. BIRTHPLACE (State or foreign country) Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George M. Rawlings

14. MOTHER'S MAIDEN NAME Hattie Shoupe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-07-2141

17. INFORMANT AND ADDRESS Mrs Caroline Rawlings Rt 5, Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of tonsils

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Rawlings (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Oliver Ralph Roth (Degree or title) P. D. ADDRESS 202 Va. Ave. DATE SIGNED 7/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 25 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. 7/25/52
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 28 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (7049)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Maryland
LENGTH OF STAY (in this place) 5/30/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage,
STREET ADDRESS (If rural give location) Sunnyside

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) C. (Last) Rice
4. DATE OF DEATH: (Month) July (Day) 25, (Year) 19 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH: April 11, 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waitress Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William H. Murray
14. MOTHER'S MAIDEN NAME: Clara Schell
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 214.07-6688
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X Immediate cause (a) Vaginal Hemorrhage.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c) Carcinoma involving uterus, bladder, & pelvic adnexa.

Interval Between Onset And Death: ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30 1952, to July 25, 1952, that I last saw the deceased alive on July 25 1952 and that death occurred at 10:27 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D.
ADDRESS 49 Greene St.
DATE SIGNED July 26 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 28, 1952
NAME OF CEMETERY OR CREMATORY St. Mary's Cath Cem.
LOCATION (City, town, or county) Cumberland, (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 28, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR J. J. Hafer - 230 Balt. Ave.
ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07050

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Frostburg
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
STREET ADDRESS (If rural give location): 176 W. Main St.

3. NAME OF DECEASED: (First) ANNIE (Middle) ELIZABETH (Last) RICHARDSON
4. DATE OF DEATH: (Month) July (Day) 16, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	6-21-1875	77 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	own home	Frostburg, Md.	USA

13. FATHER'S NAME: Uriah Robinson
14. MOTHER'S MAIDEN NAME: Elizabeth Lemmert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	none	Mrs. Leona Norgren, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	cerebral hemorrhage	4 days
DUE TO (b)	arteriosclerotic heart disease	15 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 19 52 to 7-16, 19 52 that I last saw the deceased alive on 7-16, 19 52, and that death occurred at 5 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: Frostburg — DATE SIGNED: 7-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-18-52 — NAME OF CEMETERY OR CREMATORY: F'burg. Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-17-52 — REGISTRAR'S SIGNATURE: Nancy Roe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

VS. A15

RECEIVED
JUL 22 1952
BUREAU V. S.

07551

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural/Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Duck Pond, on John Gravenstein farm off Winchester Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) R.F.D. #5 Winchester Road.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Willard (Last) Rose
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 12-1936
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cresaptown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin F. Rose
14. MOTHER'S MAIDEN NAME Laphronia Pownell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS father-Benj. F. Rose

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH about 3 minutes.

Immediate cause (a) Asphyxia due to drowning.

929.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY farm near John Gravenstein (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY July 3/52 P. m. about 12:15
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Went in bathing, found in six feet of water, in duck pond.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. July 3-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 6 1952
NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. 7/5-52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1952
BUREAU V. S.

Within corporate limits

97052

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND — LENGTH OF STAY (In this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: W.Va
COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Ashby
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): John (First) Thomas (Middle) Royer (Last)

4. DATE OF DEATH: July (Month) 10 (Day) 1952 (Year)

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug. 2-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired butcher

10b. KIND OF BUSINESS OR INDUSTRY: slaughter animals

11. BIRTHPLACE (State or foreign country): Fredrick Co.Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Royer

14. MOTHER'S MAIDEN NAME: Amanda Warburton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: daughter) Mrs. Sylvia Whorton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion due to	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & chronic myocarditis	several years.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. EXTERNAL CAUSE — PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. July 10-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 12 52 | NAME OF CEMETERY OR CREMATORY: Camp Hill Cem. | LOCATION (City, town, or county) (State): Paw Paw W.Va.

DATE REC'D BY LOCAL REGISTRAR'S REG.: July 14 52 | REGISTRAR'S SIGNATURE: Walter K. Hartz, MD

24. FUNERAL DIRECTOR | ADDRESS: Louis Stein Inc Cumberland

RECEIVED
JUL 15 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 503 Fayette St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 503 Fayette St.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) E. (Last) Ruppert
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb 1 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Bedford Co Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Straub
14. MOTHER'S MAIDEN NAME: Elizabeth Kuhlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Marie E McGann, Cumb'd Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4200

Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 9 Days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Multivalvular Arteriosclerotic Heart Disease

DUE TO (c) Arteriosclerotic Gangrene Left Leg.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Large adenomata - Thyroid.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952, to July 15, 1952, that I last saw the deceased alive on July 15, 1952, and that death occurred at 4.20P m., from the causes and on the date stated above.

SIGNATURE: James P. Halleman MD (DEGREE OR TITLE) ADDRESS Too Decatur St. Cumberland, Md. DATE SIGNED 7-16-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/18/52
NAME OF CEMETERY OR CREMATORY: Sts Peter & Paul's Cem
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. July 17, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 - 8-51

RECEIVED
JUL 22 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

DR. DURRETT

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PATAPSCO
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ELSWORTH (Middle) L. (Last) SHAMER

4. DATE OF DEATH: (Month) JULY (Day) 31, (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: FEB. 18, 1908

9. AGE last birthday: 44 yrs.

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY: W. MD. R.R.CO.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID E. SHAMER

14. MOTHER'S MAIDEN NAME: GEORGIA E. CULLISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1952 to July 30, 1952, that I last saw the deceased alive on July 30, 1952 and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M. D. ADDRESS Cumberland DATE SIGNED 7/31/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 8-3-1952

NAME OF CEMETERY OR CREMATORY PATAPSCO CEM.

LOCATION (City, town, or county) PATAPSCO (State) MD.

DATE REC'D BY LOCAL REG. Aug. 4, 1952

REGISTRAR'S SIGNATURE Walter R. Manly, M.D.

24. FUNERAL DIRECTOR H. BANKARD & SON-WESTMINSTER, MD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

AUG 5 195
BUREAU N. S.

Dr Paul R Wilson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07055

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (In this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 451 Walnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 451 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) Scott (Middle) (Last) Shreve

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 28 May 1887 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright — 10b. KIND OF BUSINESS OR INDUSTRY: Paper mill — 11. BIRTHPLACE (State or foreign country): Cumberland County W Va — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Rebecca Shreve

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs Bessie Shreve, 451 Walnut St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Prostate — With General Metastasis. — 3 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of Spine — 2 Years

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1952, to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

SIGNATURE: Paul R Wilson — (Degree or title) M.D. — ADDRESS Piedmont, W. Va. — DATE SIGNED July 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 13 52 — NAME OF CEMETERY OR CREMATORY: Pulaski Cemetery — LOCATION (City, town, or county): Frostburg — (State) Md.

DATE REC'D BY LOCAL REG.: July 13, 1952 — REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly — 24. FUNERAL DIRECTOR: E. D. Bock — ADDRESS: Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 19
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Branch near Cumberland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 4 Cumberland Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Trumbull
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warren
STREET ADDRESS (If rural, give location) Valley Camp St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Stallings
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept 3, 1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Warner Hotel
11. BIRTHPLACE (State or foreign country): Green Ridge Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Norman Stallings
14. MOTHER'S MAIDEN NAME: Susannah Twigg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 279-24-3452
17. INFORMANT & ADDRESS: Mrs Reynold Scott - Warren Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardiovascular disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1952, to 7/12, 1952, that I last saw the deceased alive on 7/12, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
L. George M. Simons M.D. Cumberland Md 7/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 14, 1952
NAME OF CEMETERY OR CREMATORY Mt Tabor Meth.
LOCATION (City, town, or county) (State) Spring Gap Md.
DATE REC'D BY LOCAL REG. July 14, 1952
REGISTRAR'S SIGNATURE Winter R. Hantz, M.D.
24. FUNERAL DIRECTOR John J Hafer - Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
1952
BUREAU U. S.

07057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing | LENGTH OF STAY (In this place) 67 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Jackson Street.

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Stevenson

4. DATE OF DEATH: (Month) July, (Day) 8 (Year) 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan, 9 1885

9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Textile Worker

10b. KIND OF BUSINESS OR INDUSTRY: Silk Mill

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Stevenson

14. MOTHER'S MAIDEN NAME: Elizabeth Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 164-10-3117

17. INFORMANT: Elmer Stevenson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 15 min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Disease — 1-2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1952, to 8 July, 1952, that I last saw the deceased alive on 8 July, 1952, and that death occurred at 2.20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George J. Richards Jr. M.D. | ADDRESS Lonaconing, Md. | DATE SIGNED 7-8-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 10 1952 | NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REG. July 10 1952 | REGISTRAR'S SIGNATURE Jeanette M Brode

24. FUNERAL DIRECTOR M. Eichhorn | ADDRESS Lonaconing, Md.

RECEIVED
JUL 28 1952
BUREAU V. S.

Witness corporate DR. GROVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7-58

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (In this place) 19 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W.VA. COUNTY MINERAL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDGELEY RT. #1

STREET ADDRESS (If rural, give location) Old Furnace Rd. near Ridgeley

3. NAME OF DECEASED: (Type or Print) (First) GABRIEL (Middle) Sylvester (Last) STICKLEY

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 4/30 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy.

11. BIRTHPLACE (State or foreign country): Levels, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: TOBIAS STICKLEY

14. MOTHER'S MAIDEN NAME: Pearl Malcolm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes, (If Yes, give war or dates of service) W. W. # 1

16. SOCIAL SECURITY NO.: 372-12-0271

17. INFORMANT & ADDRESS: Mrs. Daisy Stickley R.D. #1 Ridgeley, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
5540 Immediate cause	(a) Myocardial heart disease	1 yr.
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Heart block.	1 yr.
	DUE TO	
	(c) Appendicitis	19 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-2-52

19b. MAJOR FINDINGS OF OPERATION: Subacute appendicitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 7-19, 1952, that I last saw the deceased alive on 7-19, 1952, and that death occurred at 4:30P.M., from the causes and on the date stated above.

SIGNATURE D. B. Grove (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED 7-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/22/52

NAME OF CEMETERY OR CREMATORY Ft. Ashby Cemetery

LOCATION (City, town, or county) (State) Fort Ashby, W. Va.

DATE REC'D BY LOCAL REG. July 22, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07059

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Cumberland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Romney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) A. (Last) Strother
4. DATE OF DEATH (Month) July (Day) 20, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH [illegible]
9. AGE last birthday 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY Own Shop
11. BIRTHPLACE (State or foreign country) W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Robert Strother
14. MOTHER'S MAIDEN NAME Rachael Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
825.9 Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured neck of left femur	56 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Near Romney, W. Va. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Oliver Ralph Keith, M.D. (Degree or title) Assistant M. E. ADDRESS 202 Va. Ave. DATE SIGNED 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 21, 52
NAME OF CEMETERY OR CREMATORY Indian Mound
LOCATION (City, town, or county) Romney, (State) W. Va.
DATE REC'D BY LOCAL REG. July 21, 1952
REGISTRAR'S SIGNATURE Winter R. Hanks, M.D.
24. FUNERAL DIRECTOR Thrush's ADDRESS Romney, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at the Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W.Va. COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wiley Ford
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Ann Lee (Last) Stump
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb.2-1881
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Morefield, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Helmick
14. MOTHER'S MAIDEN NAME: Hannah Crites
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: son) James Stump, Akron, Ohio.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock, Retroperitoneal & Pulmonary hemorrhage, — about 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) also had, crushed pelvis, compound fractures of the 5th. to 10th. ribs right side, 3&4th. dorsal, 2, 3, 4th. (c) lumbar vetebraes fractured. Hit by a W.Md.R.Ry. engine.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway & R.Ry. crossing, (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): July 7/52 3.20 p. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Tried to cross tracks in front of W.Md. passenger train.

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. July 8-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 10, 52
NAME OF CEMETERY OR CREMATORY: Shannon Cem.
LOCATION (City, town, or county) (State): Springfield, W. Va.

DATE REC'D BY LOCAL REG.: July 10, 1952
REGISTRAR'S SIGNATURE: Walter R. Lantz, M.D.
24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 15 1952
BUREAU W. S.

Within Corporate Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Romney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Cleveland (Last) Stump

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 6, 1878

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Moorefield, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Stump

14. MOTHER'S MAIDEN NAME: Amanda See

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Woodrow Stump, Wiley Ford, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Infarct	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Myocarditis	2 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE Chas. Lewis (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 7/12/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13, 1952	Shannon Cemetery	Springfield, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13, 1952	Clyde R. Kantz M.D.	John J. Hafley	Cumberland, Md.

VS. A15 8-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1952
BUREAU V. S.

Within corporate limits
Cumberland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]62

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Pear St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 117 Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) Sylvia (Middle) E (Last) Trost

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/24/1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Bramble

14. MOTHER'S MAIDEN NAME: Alberna Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Emilia Trost - Silver Springs, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1952 to July 22, 1952 that I last saw the deceased alive on July 19, 1952 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Charlotte B. Gardner M.D. — ADDRESS 126 Columbia St. Cumberland — DATE SIGNED 7/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7/25/52 — NAME OF CEMETERY OR CREMATORY St. Peter & Paul — LOCATION (City, town, or county) Cumberland — (State) Md.

DATE REC'D BY LOCAL REG. July 24, 1952 — REGISTRAR'S SIGNATURE Walter K. Sank M.D.

24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS Cumberland Md.

RECEIVED
JUL 29 19
BUREAU V. S.

07063

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 801 Kentucky Ave.

3. NAME OF DECEASED (Type or Print): (First) James; (Middle) J.; (Last) Turner

4. DATE OF DEATH: (Month) July; (Day) 1; (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 23-1935

9. AGE last birthday: 16 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Cumberland, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R. Turner

14. MOTHER'S MAIDEN NAME: Frances M. Reitmeir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-32-8126

17. INFORMANT AND ADDRESS: mother) Mrs W.R. Turner, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16.4

Immediate cause (a) Masserated brain due to a fractured skull — Interval Between Onset and Death: (sudden)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auto accident.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes * ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING *: CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway route 51; (CITY OR TOWN) 5.1/2 miles east of Old Town; (COUNTY) Allegany; (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY July 1-1952 P m. 5.40

INJURY OCCURRED While at work ☐ Not while at work *

HOW DID INJURY OCCUR? wotractor trailer trucks going east, trying to pass on brow of a hill, forced auto off of road, going west, auto * truck crashed.

22. *I certify that I look charge of the remains described above, held an Autopsy * , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. July 1-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF July 4, 1952; NAME OF CEMETERY OR CREMATORY St. Marys Cemetery; LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REG. July 3, 1952; REGISTRAR'S SIGNATURE Walter L. Hartz, M.D.; 24. FUNERAL DIRECTOR William L. Kight; ADDRESS "

RECEIVED
8 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7164

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) R. D. # 1.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Henry	Twigg	July 21, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 8, 1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Flower shop	Twiggtown, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Twigg	Hulda M. Twigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Laura Twigg Cumberland R.D.1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Intestinal obstruction, [illegible] 7 days duration	7 [illegible]
561.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilat. hernia, inguinal	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Cumberland	Allegany	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Jul. 21, 52 12 PM		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] M. D. (Degree or title) ADDRESS [illegible] DATE SIGNED 7/23/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-24-1952	Mt. Pleasant Cem.	Near Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23, 1952	Winter K. Beatty M.D.	Charles L. George	Cumberland, Md.

VS-115A

Within corporate limits

Dr. Snyder.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 326 Cumberland St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 326 Cumberland Street

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) Joseph (Last) Vocke

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 25, 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer R. Janitor
10b. KIND OF BUSINESS OR INDUSTRY Cel. Corp. of Amer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Vocke
14. MOTHER'S MAIDEN NAME Antoinette Kuhlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-10-1120
17. INFORMANT AND ADDRESS Mary Margaret Vocke - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - Senility — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1952, to July 25, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. U. Snyder M.D. ADDRESS 36 Green St Cumberland DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 29, 1952
NAME OF CEMETERY OR CREMATORY St. Peters & Paul's Cath Cem
LOCATION (City, town, or county) (State) Cumberland - Md.

DATE REC'D BY LOCAL REG. July 28, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz M.D.
24. FUNERAL DIRECTOR John J. Hafer - Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1952
BUREAU V

WILL... ~~[illegible]~~ DR. ~~TOPPER~~ FAW

07066

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 25 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near CUMBERLAND Rural
STREET ADDRESS (If rural, give location) ROUTE # 6, Narrows Park

3. NAME OF DECEASED: (Type or Print) (First) B SADIE (Middle) E. (Last) WADE

4. DATE OF DEATH: (Month) 7/12/ (Day) (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 1/31/1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MASSACHUSETTS

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: VERNON PRINCE

14. MOTHER'S MAIDEN NAME: SARAH ROGERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Adeno carcinoma uterus c̄ metastasis to liver — INTERVAL BETWEEN ONSET AND DEATH Prob 2 yrs.

174X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 23, 1952

19b. MAJOR FINDINGS OF OPERATION: D+C + Radium — adeno carcinoma uterus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952, to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 8:29 A. m. from the causes and on the date stated above.

SIGNATURE W M Faw Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md. DATE SIGNED July 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 7-12-1952

NAME OF CEMETERY OR CREMATORY Hope Cemetery

LOCATION (City, town, or county) (State) Worcester, Mass.

DATE REC'D BY LOCAL REG. July 12, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

VS. A15 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 15 1952
BUREAU V.A.

Within corporate limits

07063

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 507 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Cowan (Last) West

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 24-1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Farm
11. BIRTHPLACE (State or foreign country): Harrisonburg, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. West
14. MOTHER'S MAIDEN NAME: Elizabeth Cowan Cumberland, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Arthur West, 507 Balto. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 Hrs.

DUE TO

Antecedent cause(s) (b) Hypertensive Heart Disease — 15 Yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. advanced age

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1952 to July 8, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 1:10 PM m., from the causes and on the date stated above.

SIGNATURE J. P. Hallenon MD (DEGREE OR TITLE) 200 Decatur St. ADDRESS Cumberland, Md. DATE SIGNED 7-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 11-1952
NAME OF CEMETERY OR CREMATORY Greenspoint
LOCATION (City, town, or county) Keyser, W. Va. (State)

DATE REC'D BY LOCAL REG. July 9, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg Md. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
JUL 15 1952
BUREAU V. S.

07068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Railroad Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 102 Railroad Street

3. NAME OF DECEASED (Type or Print) (First) Lottie (Middle) Matilda (Last) Wills

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 14 Oct 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Garrett, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert S. Walter
14. MOTHER'S MAIDEN NAME Sophia H. Pritts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Marion Warnick, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute myocarditis	3 hrs -
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 9 A m, from the causes and on the date stated above.

SIGNATURE P E Berry (Degree or title) M. D. ADDRESS Piedmont W. Va DATE SIGNED 7/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 5, 52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) ~~XXXXXX~~ Cumberland, Md.

DATE REC'D BY LOCAL REG. July 5, 1952
REGISTRAR'S SIGNATURE Mrs Jane C. Kelly
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1952
BUREAU V. S.